



Salon/Shop, Personal Services, or Mobile Unit License Application

FOR VALIDATION ONLY

Please check the appropriate boxes:

- ☐ **Original Application – \$50.00**
- ☐ **Renewal – \$50.00**
- ☐ **Late Renewal – \$100.00**
- ☐ **Salon/Shop** – Any building, structure, or any part thereof. This includes individuals leasing space where services are performed.
- ☐ **Personal Services** – Required when services are performed in the client's home, office, or other location that is convenient for the client.
- ☐ **Mobile Unit** – A location where services are performed in a mobile structure.

MS 001-070-209-0023, PS 001-070-209-0024,
SS001-070-209-021

Make remittance payable to State Treasurer.
Send this application with your remittance to:
Department of Licensing
PO Box 9048
Olympia, WA 98507-9048

Applicant Information

Please type or print clearly in dark ink

Applicant Name - Last		First	Middle
Residence Telephone No. ()	Date of Birth (Month, Day, Year)		Social Security No. – Required per RCW 26.23.150
Current or Previous License Date	Name When Issued		License Reference No.

Company Information

Business Name of Individual		Business Name of Salon Shop	
Business Mailing Address		E-mail Address	
City	State	Zip	County
Physical Address of Business (if different from above)			
City	State	Zip	County
Business Telephone Number ()		Washington Revenue Tax Number (UBI)	
Services Offered (check all that apply) <input type="checkbox"/> Cosmetology <input type="checkbox"/> Barber <input type="checkbox"/> Manicurist <input type="checkbox"/> Esthetician		Type of Business <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	

Insurance

Name of Insurance Company	Insurance No.
Expiration Date	Office Telephone No.

I certify under penalty of perjury that I have met the requirements for Public Liability Insurance in accordance with RCW 18.16.110(1) and RCW 18.16.175(1)(h) and that I have a current certificate of insurance showing not less than \$100,000.00 for public liability insurance for combined bodily injury and property damage. I have documentation that I will furnish to the Department of Licensing if requested to do so.

X

SIGNATURE OF OWNER

DATE

For office use only

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360) 664-6626 or TTY (360) 664-8885.

Supervisor Information – For salon/shop only

Direct Supervisor's Name	Date of Birth (<i>Month, Day, Year</i>)
License Held	License Reference No.
Name When License Was Issued	

Applicant Personal Data

1. Have you been convicted of a crime, misdemeanor or felony in this state, any other state, by the federal government, or any other jurisdiction within the past ten years? ☐ **Yes** ☐ **No**
2. Is there a criminal or civil complaint, accusation, or information presently pending against you or are you currently under indictment in this state, any other state, by the federal government, or any other jurisdiction? ☐ **Yes** ☐ **No**
3. Has any professional or occupational license, certification or permit held by you, been fined, suspended, revoked, refused or denied in this state, any other state, by the federal government or any other jurisdiction? ☐ **Yes** ☐ **No**
4. Have you ever had a civil court order, verdict, or judgement entered against you in any court of competent jurisdiction in this state, any other state, the federal government, or any other jurisdiction? ☐ **Yes** ☐ **No**

Please attach a letter of explanation for any "Yes" answers to the questions above, including charge(s), date of conviction, civil judgement or order, county jurisdiction, state, and disposition of charges.

Affidavit

I, _____, being first duly sworn, depose and say that I am the responsible professional and that I am authorized to sign for the corporation or partnership (*if applicable*).

I have carefully read the questions in the foregoing application and have answered them completely. Under RCW 9A.72.085, I declare under penalty of perjury under the law of the state of Washington that my answers and all statements made by me on this application are true and correct. If I furnish any false information in this application, I agree that it will be cause for the denial, suspension, or revocation of a license to practice as a Personal Services, Mobile Unit, or Salon/Shop in the state of Washington.

X

SIGNATURE OF APPLICANT/RESPONSIBLE PERSON

PLACE OF EXECUTION (*City, State*)

DATE

**Upon Filing, This Application Becomes a Public Record and is
Subject to Public Disclosure Provisions Under RCW 42.56**